TO

DOVER DENTAL LABORATORIES
218 Grant Ave
Pine Beach, NJ 08741
Telephone: (732) 606-9000

FROM

WORK ORDER NUMBER _____ DATE _____

DR. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME OR IDENTIFICATION NUMBER _____

TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____ AM PM FINISH _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION.)

BRAND, SHADE & MOULD OF TRUBYTE® TEETH TO BE USED

PORTRAIT® IPN® PLASTIC TEETH

- ❑ **PORTRAIT® IPN® ANTERIORS**
- ❑ **PORTRAIT® IPN® POSTERIORS**
  - ❑ 40° PORTRAIT® EUROLINE™
  - ❑ 33° PORTRAIT®
  - ❑ 20° PORTRAIT®
  - ❑ 10° PORTRAIT® ANATOLINE®
  - ❑ 0° PORTRAIT®

TRUBYTE® ANTERIORS

- ❑ TRUBLEND® SLM®
- ❑ BIOBLEND® IPN®
- ❑ BIOFORM® IPN®

TRUBYTE® POSTERIORS

- ❑ TRUBLEND® SLM®
- ❑ IPN®
  - ❑ 33° POSTERIORS
  - ❑ 30° P.T.™
  - ❑ 22° BIOSTABIL®
  - ❑ 20° POSTERIORS
  - ❑ 10° ANATOLINE®
  - ❑ 0° MONOLINE®

TRUBYTE® ANTERIORS

- ❑ PORCELAIN
- ❑ PLASTIC
  - ❑ BIOBLEND®
  - ❑ BIOFORM®
  - ❑ NEW HUE® V.F.
  - ❑ NEW HUE®
  - ❑ BIOTONE®

TRUBYTE® POSTERIORS

- ❑ PORCELAIN
- ❑ PLASTIC
  - ❑ 33°
  - ❑ 20°
  - ❑ 10° FUNCTIONAL®
  - ❑ 0° RATIONAL®

ALMA GAUGE READINGS

X: _____ (VERTICAL) Y: _____ (HORIZONTAL)

	ANTERIOR		POSTERIOR	
UPPER	SHADE	MOULD	SHADE	MOULD
LOWER	SHADE	MOULD	SHADE	MOULD

INSTRUCTIONS

FINISH CASE IN: ❑ CHARACTERIZED LUCITONE® ❑ LUCITONE 199®

DENTIST LICENSE NUMBER _____ DATE _____

_____

PERSONAL SIGNATURE OF DENTIST